

U.S. DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
NATIONAL FLOOD INSURANCE PROGRAM

THE NFIP REQUIRES THAT A PRELIMINARY REPORT BE RECEIVED WITHIN 15 DAYS OF ASSIGNMENT,
AND AN INTERIM OR FINAL REPORT NOT LATER THAN EVERY 30 DAYS THEREAFTER.

O.M.B. No. 1660-0005
Expires JUNE 30, 2007

See reverse side for Privacy Act
Statement and Paperwork Burden
Disclosure Notice

FINAL REPORT

INSURED _____ POLICY NUMBER _____

PROPERTY ADDRESS _____ DATE OF LOSS _____

ADJUSTING COMPANY _____ ADJ. FILE NO. _____

| | | | | | | | | | | |
|---|---|---|--|--|---|--|-----------------|--------------------------------------|------------------|--|
| PREMISES HISTORY | Date risk was originally constructed: _____ | | Insured at premises since: _____ | | | | | | | |
| | Date of Alteration | Brief Description of Alteration | Market Value | Cost of Alteration | Type of Alteration | *Substantial Improvement? | | | | |
| | _____ | _____ | _____ | _____ | <input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | _____ | _____ | _____ | _____ | <input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | _____ | _____ | _____ | _____ | <input type="checkbox"/> Repair <input type="checkbox"/> Recon. <input type="checkbox"/> Imprv. | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| | *Defined as any repair, reconstruction, or improvement; the cost of which equals or exceeds 50% of the market value of the structure before the damage occurred or the reconstruction or improvement was begun. | | | | | | | | | |
| | Prior losses (approximate dates and amounts of loss): | | | | | | | | | |
| | _____ | Repairs completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Insured but no claim made | | | | |
| | _____ | Repairs completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Insured but no claim made | | | | |
| | _____ | Repairs completed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Insured but no claim made | | | | |
| (Continue under Remarks if additional space is needed for alteration or prior losses.) | | | | | | | | | | |
| INTEREST | Mortgagee(s): _____ | | | | | | | | | |
| | Loss Payee(s): _____ | | | | | | | | | |
| CLAIM SUMMARY | Other Insurance: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| | (Company) | (Type) | (Policy Number) | (Coverage Bldg./Conts.) | (Covers flood?) | | | | | |
| | Duration building will not be habitable: <input type="checkbox"/> 0-2 days <input type="checkbox"/> 3-7 days <input type="checkbox"/> 2-4 weeks <input type="checkbox"/> 1-2 months <input type="checkbox"/> more than 2 months | | | | | | | | | |
| | Claim Recapitulation (See worksheets for details) | | | | | | | | | |
| | | Building | | Contents | | Totals | | | | |
| | | Main */Association | Appurtenant/Unit | Main */Association | Appurtenant/Unit | | | | | |
| | Property Value (RCV) | | | | | | | | | |
| | Property Value (ACV) | | | | | | | | | |
| | Gross Loss (RCV) | | | | | | | | | |
| | Covered Damage (ACV) | | | | | | | | | |
| Removal/Protection | | | | | | | | | | |
| Total Loss (ACV) | | | | | | | | | | |
| Less Salvage | | | | | | | | | | |
| Less Deductible | | | | | | | | | | |
| Excess Over Limit | | | | | | | | | | |
| Claim Payable (ACV) | | | | | | | | | | |
| Damage from other | | | | | | | | | | |
| Identify Cause: _____ | | | | | | | | | | |
| Main building RCV: \$ _____ Insured qualifies for R/C coverage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable | | | | | | | | | | |
| *Includes mobile home. If yes, R/C claim: \$ _____ Total building claim: \$ _____ | | | | | | | | | | |
| EXCLUDED DAMAGES | Approximate value of property excluded: | | | | | Approximate damage to property excluded: | | | | |
| | Excluded Building Damages: | <input type="checkbox"/> 1 | Less than 1,000 | <input type="checkbox"/> 4 | 5,000 - 10,000 | <input type="checkbox"/> 1 | Less than 1,000 | <input type="checkbox"/> 4 | 5,000 - 10,000 | |
| | | <input type="checkbox"/> 2 | 1,000 - 2,000 | <input type="checkbox"/> 5 | 10,000 - 20,000 | <input type="checkbox"/> 2 | 1,000 - 2,000 | <input type="checkbox"/> 5 | 10,000 - 20,000 | |
| | | <input type="checkbox"/> 3 | 2,000 - 5,000 | <input type="checkbox"/> 6 | More than 20,000 | <input type="checkbox"/> 3 | 2,000 - 5,000 | <input type="checkbox"/> 6 | More than 20,000 | |
| | Excluded Contents Damages: | <input type="checkbox"/> 1 | Less than 1,000 | <input type="checkbox"/> 4 | 5,000 - 10,000 | <input type="checkbox"/> 1 | Less than 1,000 | <input type="checkbox"/> 4 | 5,000 - 10,000 | |
| | | <input type="checkbox"/> 2 | 1,000 - 2,000 | <input type="checkbox"/> 5 | 10,000 - 20,000 | <input type="checkbox"/> 2 | 1,000 - 2,000 | <input type="checkbox"/> 5 | 10,000 - 20,000 | |
| | | <input type="checkbox"/> 3 | 2,000 - 5,000 | <input type="checkbox"/> 6 | More than 20,000 | <input type="checkbox"/> 3 | 2,000 - 5,000 | <input type="checkbox"/> 6 | More than 20,000 | |
| | ENCL | <input type="checkbox"/> Building worksheets () | | <input type="checkbox"/> Photographs () | | <input type="checkbox"/> Proof of Loss | | <input type="checkbox"/> Other _____ | | |
| | | <input type="checkbox"/> Contents worksheets: () | | <input type="checkbox"/> Narrative (pp) | | <input type="checkbox"/> R/C Proof | | <input type="checkbox"/> Other _____ | | |
| | CERTIFICATION | The above statements are true and correct to the best of my knowledge. I understand that any false statements may be punishable by fine or imprisonment under 18 U.S. Code Sec. 1001. | | | | | | | | |
| County of _____ | | | | Insured _____ | | | | | | |
| State of _____ | | | | Insured _____ | | | | | | |
| Signed this _____ day of _____, 20 _____ | | | | Witness _____ | | | | | | |

Date of Report

Adjuster's Signature

Adjuster's SSN

Privacy Act Statement

The information requested is necessary to process the subject loss. The authority to collect the information is Title 42, U.S. Code, Section 4001 to 4028. It is voluntary on your part to furnish the information. However, omission of an item may preclude processing of the form. The information will not be disclosed outside of the Federal Emergency Management Agency, except to the servicing agent, acting as the government's fiscal agent; to claims adjusters to enable them to confirm coverage and the location of insured property; to certain Federal, State, and Local Government agencies for determining eligibility for benefits and for verification of agencies for acquisition and relocation-related projects, consistent with the National Flood Insurance Program and consistent with the routine uses described in the program's system of record. Failure by you to provide some or all of the information may result in delay in processing or denial of this claim and/or application.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for the collection of information titled Claims for National Flood Insurance Program (NFIP) is estimated to average 4 hours per claim. This estimate includes the time, effort, or financial resources expended by persons to generate, maintain, retain, disclose, or provide information to the Federal Insurance Administration or its agent. The reporting burden for this form as part of the collection of information is highlighted below. Your response to this collection of information unless a currently valid OMB control number and expiration date is displayed in the upper right corner of the highlighted form. You may send comments regarding the accuracy of the burden estimate and suggestions for reducing the burden to: Information Collections Management, U.S. Department of Homeland Security, Emergency Preparedness and Response Directorate, Federal Emergency Management Agency, 500 C Street, S.W., Washington, DC 20472, Paperwork Reduction Project (1660-0005). **NOTE: Do not send your completed form to this address.**

| FEMA Form No. | Title | Burden Hours |
|---------------|--|--------------|
| 81-40 | Worksheet-Contents-Personal Property | 2.5 Hours |
| 81-41 | Worksheet-Building | 2.5 Hours |
| 81-41A | Worksheet-Building (Cont'd) | 1.0 Hours |
| 81-42 | Proof of Loss | 5 Minutes |
| 81-42A | Increased Cost of Compliance | 2.0 Hours |
| 81-43 | Notice of Loss | 4 Minutes |
| 81-44 | Statement as to Full Cost to Repair or Replacement Cost Coverage, Subject to the Terms and Conditions of this Policy | 6 Minutes |
| 81-57 | National Flood Insurance Program Preliminary Report | 4 Minutes |
| 81-58 | National Flood Insurance Program Final Report | 4 Minutes |
| 81-59 | National Flood Insurance Program Narrative Report | 5 Minutes |
| 81-63 | Cause of Loss and Subrogation Report | 1 Hour |
| 81-96 | Mobile Home Worksheet | 30 Minutes |
| 81-98 | Increased Cost of Compliance (ICC) Adjuster Report | 25 Minutes |